



DOCKET NO: 1115-0008-2

Fee Only

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :
KAZUYOSHI KAWAGUCHI ET AL. : EXAMINER: KUMAR, S. K.
SERIAL NO: 09/512,817 :
RCE FILED: APRIL 15, 2004 : GROUP ART UNIT: 2675
FOR: DRIVING METHOD AND :
DRIVING DEVICE FOR A
DISPLAY DEVICE

AMENDMENT

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

RECEIVED

SEP 14 2004

Technology Center 2600

SIR:

In response to the Office Action dated June 17, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

01/10/2005 TBELL2 00000004 150030 09512817

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Consequently, in light of the above discussion and in view of the present amendment, the present application is believed to be in condition for allowance and an early and favorable action to that effect is respectfully requested.

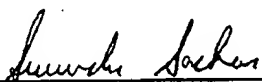
Respectfully submitted,

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/512,817

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 =	*
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	9-10-04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total	21	Minus	20 =
Independent	5	Minus	4 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
	690.00
X\$18=	
X78=	78
+260=	
TOTAL	768

SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X78=	84
+260=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.